

STATE OF SOUTH CAROLINA

COUNTY OF \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_,  
an alleged incapacitated individual.

<p>▲    PROBATE COURT USE ONLY    ▲</p> <p>IN THE PROBATE COURT</p> <p>CASE NUMBER _____ -GC- _____ - _____</p> <p><b>NOTICE OF CORRECTION</b></p>
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**THIS FORM CANNOT BE USED TO ADD OR DELETE  
INTERESTED PERSONS ON A PETITION, APPLICATION,  
OR PLEADING**

Please correct the error(s) in the following document(s):

Document to be corrected: \_\_\_\_\_

Correction(s) to be made: \_\_\_\_\_

Document to be corrected: \_\_\_\_\_

Correction(s) to be made: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, 20 \_\_\_\_\_.

Applicant/Petitioner  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
(State)  
My Commission Expires: \_\_\_\_\_  
(Date)

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to the  
Protected  
Person/Ward: \_\_\_\_\_

**NOTE: Use of this form is limited to correcting minor clerical errors.**